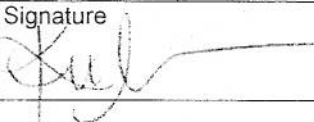


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)


Job #: 1207-1655

Check #:

Date of Notification (1) 7/16/12		Name of Building Owner / Operator (2) Federal Aviation Administration WJH Technical Center							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 ON HOLD <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address Environmental & Safety Section ANG-# 332 ACY Intl Apt NJ 08405					
				City, State & Zip Code Atlantic City, NJ 08405					
		Name of Contact Mr. Greg Forrest, Asbestos Program Manager		Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building #162-ASR-9			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address Building #162 FAA TC Atlantic City Intl. Airport			Square Feet # of Floors Bldg. Age 4731 2 52 years						
City (5) Atlantic City	County (6) Atlantic	County Code (7) 	Current Use (Prior if being demolished) Airport						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No. 	Name of Abatement Contractor (9) 						
Street Address 3370 Progress Drive, Suite J		ON HOLD							
City, State & Zip Code Bensalem, PA		City, State & Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mike Panapresso		Telephone Number 215-244-1300	Telephone Number 609-702-0400	License Number 00862					
Scheduled Start Date (10) 7/30/12		Scheduled Completion Date (11) 7/31/12		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address 107 Haddon Ave.						
			City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Building #162	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer Floor Tile and Plywood	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 5	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date 7/31/12	City, State Morrisville, PA						
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 		Date 7/16/12				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1207-1656-2
Check #: 2779

Date of Notification (1) 7/25/12		Name of Building Owner / Operator (2) Colonial Pipeline Company, Inc.		2012 JUL 27 09:10:29					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1185 Sanctuary Parkway, Suite 100 City, State & Zip Code Alpharetta, GA 3004-4738 Name of Contact Mr. William K. Gilroy					
				Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Colonial Pipeline Company-Allentown 1321			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 493 Ward Avenue			Square Feet 1940 # of Floors 1 Bldg. Age 50						
City (5) Bordentown	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Commercial Property						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO Box 316		Street Address 3859 Sylon Blvd.							
City, State & Zip Code Thorofare, NJ 08086		City, State & Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone Number 856-848-0800	Telephone Number 609-702-0400	License Number 00862					
Scheduled Start Date (10) 8/7/12		Scheduled Completion Date (11) 8/10/12		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Negative Pressure Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	1,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 4	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date 8/10/12		City, State Morrisville, PA					
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 		Date 7/25/12				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK #22068

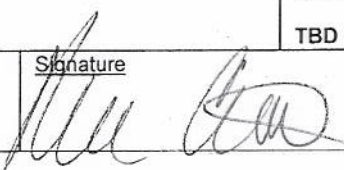
2012 JUL 27 10:10 AM
 2012 JUL 27 10:10 AM
 2012 JUL 27 10:10 AM

Date of Notification (1) 7/25/2012		Name of Building Owner/Operator (2) THE PENNINGTON SCHOOL						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 112 WEST DELAWARE AVENUE						
		City, State, Zip Code PENNINGTON, NJ 08534						
		Name of Contact DAVID J. D'ANDREA						
		Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) THE PENNINGTON SCHOOL/GREEN HALL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)						
537 CRYSTAL AVENUE 112 WEST DELAWARE AVENUE		Square Feet	# of Floors Bldg. Age					
PENNINGTON, NJ 08534								
County MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH SERVICES		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.					
Street Address 78 E. ATLANTIC WAY		Street Address 15 BLACK FOREST ROAD						
City, State, Zip Code LAVALLETTE, NJ 08735		City, State, Zip Code HAMILTON, NJ 08691						
Project Manager for Monitoring Firm ROD MORRIS	Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676					
Start Date (10) 7/31/2012	Scheduled Completion Date (11) 8/3/2012	Name of OSHA Monitor AMERITECH SERVICE						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address 78 E. ATLANTIC WAY						
		City, State, Zip Code LAVALLETTE, NJ 08735						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
ROOMS 403-4W		<input checked="" type="checkbox"/>	TRANSITE WALL PANELS	64 SQ. FT.	<input checked="" type="checkbox"/>			
ROOMS 412,413,414		<input checked="" type="checkbox"/>	TRANSITE WALL BOARDS	736 SQ. FT.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler LUCAS DISPOSAL		NJDEP Waste Hauler ID No. 22384	Cubic Yards of Waste 3	Name of Registered Landfill GROWS				
City, State HIGHTSTOWN, NJ		Disposal Date 8/6/2012		City, State MORRISVILLE, PA				
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David J. D'Andrea</i>			Date 7/25/2012			

ASB-41

* Do not use this form for asbestos licensure exempted activities

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

<u>Date of Notification (1)</u> <p align="center">07/02/2012</p>		<u>Name of Building Owner/Operator (2)</u> <p align="center">MATRIX DEVELOPMENT GROUP</p>	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<u>Street Address</u> <p align="center">3 CENTER DRIVE, MONROE TOWNSHIP</p> <u>City, State, Zip Code</u> <p align="center">CRANBURY, NJ 08831</p>	
		<u>Name of Contact</u> <p align="center">RICHARD JOHNSON</p>	<u>Tel. Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p align="center">UNIT G</p>		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> <p align="center">259 PROSPECT PLAINS RD</p>		<u>Sq. Feet</u> 4,000 <u># of Floors</u> 1	
<u>City (5)</u> <p align="center">CRANBURY</p>	<u>County (6)</u> <p align="center">MIDDLESEX</p>	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm</u> <p align="center">HILLMAN CONSULTING, LLC</p>		<u>ASCM No.</u> 	
<u>Street Address</u> <p align="center">1600 RT 22 SUITE 107</p>		<u>Street Address</u> <p align="center">550 East Union Street</p>	
<u>City, State, Zip Code</u> <p align="center">UNION, NJ 07083</p>		<u>City, State, Zip Code</u> <p align="center">West Chester, PA 19382</p>	
<u>Project Manager for Monitoring Firm</u> <p align="center">MICHAEL NEHLSSEN</p>	<u>Telephone Number</u> <p align="center">908-688-7800</p>	<u>Telephone Number</u> <p align="center">610-701-9000</p>	<u>License Number</u> <p align="center">00508</p>
<u>Scheduled Start Date (10)</u> <p align="center">7/16/2012</p>	<u>Scheduled Completion Date (11)</u> <p align="center">7/27/2012</p>	<u>Name of OSHA Monitor</u> <p align="center">HILLMAN CONSULTING, LLC</p>	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - _____		<u>Street Address</u> <p align="center">1600 RT 22 SUITE 107</p>	
		<u>City, State, Zip Code</u> <p align="center">UNION NJ 07083</p>	
<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
		<u>Abatement Type</u> Rem. Rep. Encap Enclose	
<p align="center">THROUGHOUT</p>	<p align="center">X</p>	<p align="center">VAT & MASTIC</p>	<p align="center">2500 SF</p>
<p align="center">THROUGHOUT</p>	<p align="center">X</p>	<p align="center">TRANSITE</p>	<p align="center">120 SF</p>
	<p align="center">X</p>	<p align="center">FLOOR MASTIC</p>	<p align="center">2500 SF</p>
	<p align="center">X</p>	<p align="center">PIPE INSULATION</p>	<p align="center">650 LF</p>
<p align="center">ROOF</p>	<p align="center">X</p>	<p align="center">ROOF FLASHING & TAR</p>	<p align="center">829 LF</p>
<u>Name of Reg. Waste Hauler</u> <p align="center">N.E.T.S. / Miners</p>		<u>NJDEP Waste Hauler ID #</u> <p align="center">17235</p>	<u>Cubic Yards of Waste</u> <p align="center">Approx. 10</p>
<u>City, State</u> <p align="center">Hazleton, PA</p>		<u>Name of Reg. Landfill</u> <p align="center">BFI Imperial</p>	
<u>Completed by (Print or Type)</u> <p align="center">ROBERT M. CASCIATO</p>		<u>Title</u> <p align="center">PRESIDENT</p>	<u>Signature</u> 
		<u>Date</u> <p align="center">7/23/2012</p>	<u>City, State</u> <p align="center">Imperial, PA</p>

Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

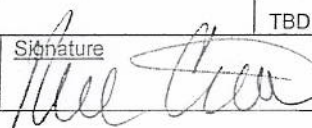
Date of Notification (1) 6/11/2012		Name of Building Owner/Operator (2) MATRIX DEVELOPMENT GROUP	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA	Notification Type (x) Initial Notification () Amended Notification Amendment # _____ () Emergency (including justification) () Cancellation	Street Address 3 CENTER DRIVE, MONROE TOWNSHIP, City, State, Zip Code CRANBURY, NJ 08831	
		Name of Contact RICHARD JOHNSON	Tel. Number 1

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) UNIT "G"			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 259 PROSPECT PLAINS RD			Sq. Feet 4,000 # of Floors 1	
City (5) CRANBURY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Bldg. Age 50 Current Use (prior if being demolished) VACANT X	
Name of Monitoring Firm HILLMAN CONSULTING, LLC		ASCM No.	Name of Contractor (9) Alliance Environmental Systems	
Street Address 1600 RT 22 SUITE 107			Street Address 550 East Union Street	
City, State, Zip Code UNION, NJ 07083			City, State, Zip Code West Chester, PA 19382	
Project Manager for Monitoring Firm MICHAEL NEHLSSEN		Telephone Number 9086887800	Telephone Number 610-701-9000	License Number 00508
Scheduled Start Date (10)		Scheduled Completion Date (11)	Name of OSHA Monitor	

Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -	Street Address 1600 RT 22 SUITE 107
Describe Other -	City, State, Zip Code UNION NJ 07083

Source of Work (Check all that apply) () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure				
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose
THROUGHOUT		Vat & mastic	2400 SF	X
THROUGHOUT		TRANSITE FLOOR MASTIC	200 SF 2400 SF	X X
THROUGHOUT		FITTINGS PIPE INSULATION	50 EA 50 LF	X X

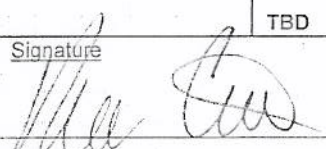
Name of Reg. Waste Hauler N.E.T.S. / Miners	NJDEP Waste Hauler ID # 17235	Cubic Yards of Waste Approx. 5	Name of Reg. Landfill BFI Imperial
City, State Hazelton, PA	Disp. Date TBD	City, State Imperial, PA	
Completed by (Print or Type) Robert Casciato	Title President	Signature 	Date 6/11/12

Mail to: NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 12:120)

<u>Date of Notification (1)</u> <p align="center">06/22/2012</p>			<u>Name of Building Owner/Operator (2)</u> <p align="center">MATRIX DEVELOPMENT GROUP</p>		
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<u>Street Address</u> <p>3 CENTER DRIVE, MONROE TOWNSHIP</p> <u>City, State, Zip Code</u> <p>CRANBURY, NJ 08831</p>	
		<u>Name of Contact</u> <p>RICHARD JOHNSON</p>		<u>Tel. Number</u> 	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p>UNIT G</p>			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> <p>259 PROSPECT PLAINS RD</p>			<u>Sq. Feet</u> 4,000 <u># of Floors</u> 1		
<u>City (5)</u> <p>CRANBURY</p>	<u>County (6)</u> <p>MIDDLESEX</p>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 50 <u>Current Use (prior if being demolished)</u> VACANT <input checked="" type="checkbox"/>		
<u>Name of Monitoring Firm</u> <p>HILLMAN CONSULTING, LLC</p>			<u>ASCM No.</u> 		
<u>Street Address</u> <p>1600 RT 22 SUITE 107</p>			<u>Street Address</u> <p>550 East Union Street</p>		
<u>City, State, Zip Code</u> <p>UNION, NJ 07083</p>			<u>City, State, Zip Code</u> <p>West Chester, PA 19382</p>		
<u>Project Manager for Monitoring Firm</u> <p>MICHAEL NEHLSSEN</p>		<u>Telephone Number</u> <p>908-688-7800</p>		<u>Telephone Number</u> <p>610-701-9000</p>	<u>License Number</u> <p>00508</p>
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> <p>1600 RT 22 SUITE 107</p>		
<u>Describe Other -</u> 			<u>City, State, Zip Code</u> <p>UNION NJ 07083</p>		
<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
<p>THROUGHOUT</p>	<p align="center">X</p>	<p>VAT & MASTIC</p>	<p>2400 SF</p>	<p align="center">X</p>	
<p>THROUGHOUT</p>	<p align="center">X</p>	<p>TRANSITE FLOOR MASTIC</p>	<p>200 SF 2400 SF</p>	<p align="center">X</p>	
<p>THROUGHOUT</p>	<p align="center">X</p>	<p>FITTINGS PIPE INSULATION</p>	<p>50 EA 50 LF</p>	<p align="center">X</p>	
<u>Name of Reg. Waste Hauler</u> <p>N.E.T.S. / Miners</p>		<u>NJDEP Waste Hauler ID #</u> <p>17235</p>		<u>Cubic Yards of Waste</u> <p>Approx. 5</p>	
<u>City, State</u> <p>Hazleton, PA</p>		<u>Disp. Date</u> <p>TBD</p>		<u>Name of Reg. Landfill</u> <p>BFI Imperial</p>	
<u>Completed by (Print or Type)</u> <p>ROBERT M. CASCIATO</p>		<u>Title</u> <p>PRESIDENT</p>		<u>Signature</u> 	
				<u>Date</u> <p>6/22/2012</p>	

Mail to: NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

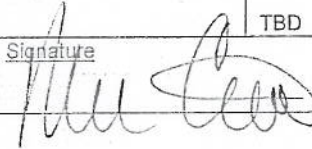
Telephone 609-984-6620

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9/18/00

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

<u>Date of Notification (1)</u> <p align="center">07/02/2012</p>			<u>Name of Building Owner/Operator (2)</u> <p align="center">MATRIX DEVELOPMENT GROUP</p>		
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<u>Street Address</u> <p align="center">3 CENTER DRIVE, MONROE TOWNSHIP</p> <u>City, State, Zip Code</u> <p align="center">CRANBURY, NJ 08831</p>	
		<u>Name of Contact</u> <p align="center">RICHARD JOHNSON</p>		<u>Tel. Number</u> 	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p align="center">UNIT G</p>			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> <p align="center">259 PROSPECT PLAINS RD</p>			<u>Sq. Feet</u> 4,000 <u># of Floors</u> 1		
<u>City (5)</u> <p align="center">CRANBURY</p>	<u>County (6)</u> <p align="center">MIDDLESEX</p>	<u>County Code (7)</u> <u>(State Use Only)</u>	<u>Bldg. Age</u> 50 <u>Current Use (prior if being demolished)</u> VACANT <input checked="" type="checkbox"/>		
<u>Name of Monitoring Firm</u> <p align="center">HILLMAN CONSULTING, LLC</p>			<u>ASCM No.</u> 		
<u>Street Address</u> <p align="center">1600 RT 22 SUITE 107</p>			<u>Street Address</u> <p align="center">550 East Union Street</p>		
<u>City, State, Zip Code</u> <p align="center">UNION, NJ 07083</p>			<u>City, State, Zip Code</u> <p align="center">West Chester, PA 19382</p>		
<u>Project Manager for Monitoring Firm</u> <p align="center">MICHAEL NEHLSSEN</p>		<u>Telephone Number</u> <p align="center">908-688-7800</p>		<u>Telephone Number</u> <p align="center">610-701-9000</p>	<u>License Number</u> <p align="center">00508</p>
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> <p align="center">1600 RT 22 SUITE 107</p>		
<u>Describe</u> <u>Other -</u>			<u>City, State, Zip Code</u> <p align="center">UNION NJ 07083</p>		
<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
THROUGHOUT		X	VAT & MASTIC	2400 SF	X
THROUGHOUT		X	TRANSITE	200 SF	X
		X	FLOOR MASTIC	2400 SF	X
THROUGHOUT		X	FITTINGS	50 EA	X
		X	PIPE INSULATION	50 LF	X
<u>Name of Reg. Waste Hauler</u> <p align="center">N.E.T.S. / Miners</p>		<u>NJDEP Waste Hauler ID #</u> <p align="center">17235</p>		<u>Cubic Yards of Waste</u> <p align="center">Approx. 5</p>	
<u>City, State</u> <p align="center">Hazleton, PA</p>		<u>Disp. Date</u> <p align="center">TBD</p>		<u>Name of Reg. Landfill</u> <p align="center">BFI Imperial</p>	
<u>Completed by (Print or Type)</u> <p align="center">ROBERT M. CASCIATO</p>		<u>Title</u> <p align="center">PRESIDENT</p>		<u>Signature</u> 	
		<u>Date</u> <p align="center">7/02/2012</p>		<u>City, State</u> <p align="center">Imperial, PA</p>	

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

<u>Date of Notification (1)</u> <p align="center">7/6/2012</p>			<u>Name of Building Owner/Operator (2)</u> <p align="center">MATRIX DEVELOPMENT GROUP</p>		
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<u>Street Address</u> <p>3 CENTER DRIVE, MONROE TOWNSHIP, NEW JERSEY</p> <u>City, State, Zip Code</u> <p>CRANBURY, NJ 08831</p>	
		<u>Name of Contact</u> <p>RICHARD JOHNSON</p>		<u>Tel. Number</u> <p>7</p>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p>UNIT "G"</p>			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> <p>259 PROSPECT PLAINS RD</p>			<u>Sq. Feet</u> <u>4,000</u> <u># of Floors</u> <u>1</u>		
<u>City (5)</u> <p>CRANBURY</p>	<u>County (6)</u> <p>MIDDLESEX</p>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> <u>50</u> <u>Current Use (prior if being demolished)</u> <u>VACANT</u> <u>X</u>		
<u>Name of Monitoring Firm</u> <p>HILLMAN CONSULTING, LLC</p>			<u>ASCM No.</u>		
<u>Street Address</u> <p>1600 RT 22 SUITE 107</p>			<u>Name of Contractor (9)</u> <p>Alliance Environmental Systems</p>		
<u>City, State, Zip Code</u> <p>UNION, NJ 07083</p>			<u>Street Address</u> <p>550 East Union Street</p>		
<u>Project Manager for Monitoring Firm</u> <p>MICHAEL NEHLSSEN</p>			<u>Telephone Number</u> <p>9086887800</p>		
			<u>City, State, Zip Code</u> <p>West Chester, PA 19382</p>		<u>License Number</u> <p>00508</p>
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - _____			<u>Street Address</u> <p>1600 RT 22 SUITE 107</p>		
			<u>City, State, Zip Code</u> <p>UNION NJ 07083</p>		
<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
<p>THROUGHOUT</p>	<p align="center">X</p>	<p>Vat & mastic</p>	<p>2500 SF</p>	<p align="center">X</p>	
<p>THROUGHOUT</p>	<p align="center">X</p>	<p>TRANSITE</p>	<p>120 SF</p>	<p align="center">X</p>	
	<p align="center">X</p>	<p>FLOOR MASTIC</p>	<p>2500 SF</p>	<p align="center">X</p>	
	<p align="center">X</p>	<p>Pipe Insulation</p>	<p>650 LF</p>	<p align="center">X</p>	
<p>Roof</p>	<p align="center">X</p>	<p>Roof flashing and tar</p>	<p>829 SLF</p>	<p align="center">X</p>	
<u>Name of Reg. Waste Hauler</u> <p>N.E.T.S. / Miners</p>		<u>NJDEP Waste Hauler ID #</u> <p>17235</p>		<u>Cubic Yards of Waste</u> <p>Approx. 10</p>	
<u>City, State</u> <p>Hazleton, PA</p>		<u>Name of Reg. Landfill</u> <p>BFI Imperial</p>		<u>City, State</u> <p>Imperial, PA</p>	
<u>Completed by (Print or Type)</u> <p>Robert Casciato</p>		<u>Title</u> <p>President</p>		<u>Signature</u> 	
				<u>Date</u> <p>7/6/12</p>	

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00


NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) July 2, 2012		Name of Building Owner/Operator (2) Disantis Contracting, LLC 2012 JUL 2 22:05:46	
Agencies Notified	Type of Notification	Street Address 313 Halyard Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Ortley Beach, NJ 08751	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> ASBESTOS ABRASION & LICENSING </div>	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact Frank Disantis	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 111 Kerr Avenue					
City Lavallette	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 2000 sf	# of Floors 1	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 8/08/12		Scheduled Completion Date (11) 8/10/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1700 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey			Disposal Date 8/13/12	City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 7/2/2012		

**Do not use this form for asbestos licensure exempted activities.*

CKH
1551

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 17:27)

Date of Notification (1) 7-25-12		Name of Building Owner/Operator (2) JAMES TOBIN	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 E. 56TH ST. APT 5K City, State, Zip Code NEW YORK N.Y. 10022 Name of Contact LICENSING Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JAMES TOBIN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 133 MANIC GROVE RD		Square Feet 2000	# of Floors 1
City (5) PRINCETON		Bldg. Age 75	
County (6) MORRIS		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ACE INSULATION CO. INC
Street Address		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029
Start Date (10) 8-13-12	Scheduled Completion Date (11) 8-17-12	Name of OSHA Monitor ACE INSULATION CO. INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		Street Address 95 MONTROSE RD	
Scope of Work (Check all that apply) <input type="checkbox"/> < 2 sf or < 3 lf <input type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code COLTS NECK NJ 07722	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Basement Floor Tiles
			Amount (Specify SF or LF) 660 SF
			Abatement Type Removal Repair Encapsulate Enclose
Name of Registered Waste Hauler ACE INSULATION CO.		NJDEP Waste Hauler ID No. 12086	Name of Registered Landfill CHRISTIAN LANDFILL
City, State COLTS NECK NJ 07722		Cubic Yards of Waste 2	Disposal Date 8-17-12
Completed by Jack Gable		Title OPS MGR	City, State Easton PA
Signature Jack Gable		Date 7-25-12	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

2012 JUL 27 AM 10:10


Date of Notification (1) 7-18-12		Name of Building Owner/Operator (2) ELLEN MOUNT		ASBESTOS CONTAINMENT & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 45 HAMPTON DR City, State, Zip Code FREEDHOLD NJ 07728 Name of Contact Ellen Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) ELLEN MOUNT			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 13 MORRIS ST			Square Feet		
City (5) FREEDHOLD			# of Floors		
County (6) MONMOUTH			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				ACE INSULATION CO. INC.	
City, State, Zip Code				Street Address 95 MONTROSE RD	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code COLTS NECK NJ 07722	
Start Date (10) 8-6-12		Scheduled Completion Date (11) 8-18-12		Telephone No. 732-234-1757	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm				License No. 00029	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Name of OSHA Monitor ACE INSULATION CO. INC.	
				Street Address 95 MONTROSE RD	
				City, State, Zip Code COLTS NECK NJ 07722	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				Duct Insulation	
				Amount (Specify SF or LF) 10 LF	
				Abatement Type Removal Repair Enclosure Enclosure	
Name of Registered Waste Hauler ACE INSULATION CO. INC.		NJDEP Waste Hauler ID No. 17086		Cubic Yards of Waste 1	
City, State COLTS NECK NJ 07722		Disposal Date 8-10-12		Name of Registered Landfill IESF	
Completed By Jack Gault		Title DEP MGR		City, State Bethlehem PA	
				Signature Jack Gault	
				Date 7-18-12	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK
57044

Date of Notification (1) 		Name of Building Owner/Operator (2) Dress Barn		2012 JUL 27					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 933 McArthur Blvd. City, State, Zip Code Mahwah, NJ 07430 Name of Contact Jeff Ross Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 933 McArthur Blvd.				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Mahwah, NJ 07430				Square Feet 160,000	# of Floors 3				
County (6) Bergen County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) Assessment, Resources & Technology		ASCM No. _____		Name of Abatement Contractor (9) PAL Environmental Services					
Street Address 111 John Street		Street Address 11-02 Queens Plaza South							
City, State, Zip Code New York, NY 10038		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Paul Ottens		Telephone No. 212-785-0266		Telephone No. 718-349-0900	License No. 00853				
Start Date (10) 08/06/12		Scheduled Completion Date (11) 08/09/12		Name of OSHA Monitor Rolland Barnhart					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 21 Perrine Avenue City, State, Zip Code South Amboy, NJ 08879					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Retail Space		x		VAT & Mastic	200 SF	x			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 44644PA		Cubic Yards of Waste 10 Yards	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY				Disposal Date 08/09/12	City, State Waynesburg, OH				
Completed by Aric Domozyck		Title VP Business Operations		Signature 		Date 07/23/12			

check # 9748

Date of Notification (1) July 24, 2012		Name of Building Owner/Operator (2) KEAN UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL SAFETY & HEALTH 1000 MORRIS AVENUE		City, State, Zip Code UNION, NJ 07083	
Name of Contact MS. SUSAN KUPIEC Director, Office of Environmental Health & Safety		Telephone Number [Redacted]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) WHITEMAN RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address MAIN CAMPUS - 1000 MORRIS AVENUE		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years	
City (5) UNION	County (6) UNION	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 1253 NORTH CHURCH STREET		Street Address 268 MAIN STREET	
City, State, Zip Code MOORESTOWN, NJ 008057		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JIM GUILARDI	Telephone Number 856-840-8800 Fax 856-840-8815	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 08/03/12	Scheduled Completion Date (11) 08/04/12	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 3:00 PM - 5:00 AM		Street Address 20-21 WARGARAW ROAD	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address FAIRLAWN, NJ	
Location of Asbestos-Containing Material (ACM) in Facility (13) 1st Floor Copy Room	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI - Pipe Insulation	Amount (Specify SF or LF) <4 LF
2nd Floor Dorm	<input checked="" type="checkbox"/>	TSI - Pipe Insulation	<5LF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill IESI - Bethlehem, PA G.R.O.W.S. Landfill Morrisville, PA
Notes: Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 08/04/12	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date July 24, 2012

Copies To: KEAN, Attn: Susan Kupiec & TTI, Attn: Jim Guilardi

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

VIA U.S. MAIL
CH# 10/16

Date of Notification (1) <u>7/30/12</u>		Name of Building Owner/Operator (2) <u>HR. BILL HART</u> 2012 JUL 27 AM 9							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>932 REVERE DR ASBESTOS CONTROL & LICENSING</u>							
		City, State, Zip Code <u>HILLSIDE N.J.</u>							
		Name of Contact <u>HR. HART</u>	Telephone Number <u>[REDACTED]</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>932 REVERE DR</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address		Square Feet <u>3,000</u>	# of Floors <u>2</u>						
City (5) <u>HILLSIDE N.J.</u>		Bldg. Age <u>65</u>							
County (6) <u>UNION</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>RESIDENT</u>							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <u>NOVATECH INC</u>							
Street Address		Street Address <u>P.O. Box 814</u>							
City, State, Zip Code		City, State, Zip Code <u>OLD BRIDGE N.J. 08857</u>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>732 238-7500</u>	License No. <u>00006</u>						
Start Date (10) <u>7/30/12</u>	Scheduled Completion Date (11) <u>8/30/12</u>	Name of OSHA Monitor <u>NOVATECH INC</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>P.O. Box 814</u>							
		City, State, Zip Code <u>OLD BRIDGE N.J. 08857</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>PIPE/HEAT</u>			X	<u>PIPE INSULATION</u>	<u>2100 LF</u>	X			
<u>GARAGE</u>			X	<u>PIPE INSULATION</u>	<u>225 LF</u>	X			
Name of Registered Waste Hauler <u>NOVATECH INC</u>		NIDEP Waste Hauler ID No. <u>18201</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>G.R.O.W.S.</u>					
City, State <u>OLD BRIDGE N.J. 08857</u>		Disposal Date <u>[REDACTED]</u>		City, State <u>HARRISBURG PA</u>					
Completed By <u>CARLOS ALMEIDA</u>		Title <u>PRESIDENT</u>	Signature <u>[Signature]</u>	Date <u>7/30/12</u>					

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

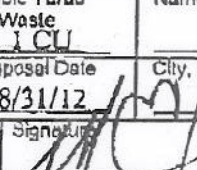
STEVENS ENVIRONMENTAL
SERVICES INC.
Check #24880

Date of Notification (1) <u>7/24/12</u>		Name of Building Owner/Operator (2) <u>The Lawrenceville School</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>Route 206 PO Box 66067</u>	
		City, State, Zip Code <u>Lawrenceville, NJ 08648</u>	
		Name of Contact <u>James Keilman</u>	Telephone Number <u>[REDACTED]</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>The Lawrenceville School - Exterior Trench</u>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>Route 206 & Main Street</u>			
City (5) <u>Lawrenceville, NJ</u>		Square Feet	# of Floors
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>steam tunnel</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>7/25/12</u>	Scheduled Completion Date (11) <u>8/31/12</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7AM -3:30PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>exterior trench</u>		<input checked="" type="checkbox"/>	<u>pipe insulation</u>
			<u>25 LF</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/31/12</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>7/24/12</u>

REMEMBER - MAIL IN HARD COPY
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

STEVENS ENVIRONMENTAL SERVICES INC.
Check #24880

DOL - 10 DAY
WAIVER APPROVED
JUL 27 7/24/12

Date of Notification (1) 2012 JUL 27 7/24/12		Name of Building Owner/Operator (2) The Lawrenceville School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address Route 206 PO Box 66067		City, State, Zip Code Lawrenceville, NJ 08648							
Name of Contact James Keilman		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Lawrenceville School - Exterior Trench		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address Route 206 & Main Street		Square Feet # of Floors Bldg Age							
City (5) Lawrenceville, NJ		Current Use (Prior to being demolished) steam tunnel							
County (6) Mercer		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm William Weisgarber Jr.		Telephone No. (609) 298-4070							
Start Date (10) 7/25/12		Scheduled Completion Date (11) 8/31/12							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 3:30PM		Name of OSHA Monitor MECS							
Street Address PO Box 341		City, State, Zip Code Crosswicks, NJ 08515							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 200 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
exterior trench			X	pipe insulation	25 LF	X			
Name of Registered Waste Hauler Stevens Environmental Services, Inc.		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 1 CU		Name of Registered Landfill T.R.R.F., Inc.			
City, State Allentown, NJ		Disposal Date 8/31/12		City, State Tullytown, PA					
Completed By Mahlon F. Stevens		Title Project Manager		Signature 		Date 7/24/12			

ASB-41
MAR 08

* Do not use this form for asbestos licensure exempted activities.

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Hines
(signature)
Date: 7/24/12 Time: 10:59 AM

Fax:

Jul 24 2012 11:04am P001/001

STEVENS ENVIRONMENTAL
SERVICES INC.
CHECK # 24880

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

2012 JUL 27 AM 9:3

Date of Notification (1) <u>7/24/12</u>		Name of Building Owner/Operator (2) <u>The Lawrenceville School</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>Route 206 PO Box 660671</u>		City, State, Zip Code <u>Lawrenceville, NJ 08648</u>	
Name of Contact <u>James Keilman</u>		Telephone Number <u>[REDACTED]</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>The Lawrenceville School - Exterior Trench</u>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>Route 206 & Main Street</u>		City (5) <u>Lawrenceville, NJ</u>	
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY) <u></u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	
Start Date (10) <u>7/25/12</u>		Scheduled Completion Date (11) <u>8/31/12</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7AM - 3:30PM</u>		Name of OSHA Monitor <u>MECS</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <u>PO Box 341</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>exterior trench</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>pipe insulation</u>		Amount (Specify SF or LF) <u>25 LF</u>	
Abatement Type Removal Repair Encapsulate Enclosure <u>X</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	
City, State <u>Allentown, NJ</u>		Cubic Yards of Waste <u>1 CU</u>	
Name of Registered Landfill <u>T.R.R.F., Inc.</u>		City, State <u>Tullytown, PA</u>	
Disposal Date <u>8/31/12</u>			
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	
Signature <i>[Signature]</i>		Date <u>7/24/12</u>	

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:-120-7)

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PAGE 1 OF 3
2012 JUL 27 AM 9:10
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 07/26/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 87 Prospect			Type of Facility (4) <input type="checkbox"/> School (K12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K12) <input type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Main Campus			Square Feet # of Floors Bldg. Age 20000 4 50+		
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 08/08/12 Month/Day/Year		Sched. Completion Date (11) 09/12/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 7:00 AM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if		Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 If		Glovebag Procedure
		Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
						R	R	E	E	
						E	E	C	C	
	Yes	No	N/A			M	R	A	L	
1st floor		<input checked="" type="checkbox"/>		fireproofing	1750 SF	<input checked="" type="checkbox"/>				
1st floor		<input checked="" type="checkbox"/>		mastic only	70 SF	<input checked="" type="checkbox"/>				
2nd floor		<input checked="" type="checkbox"/>		mastic only	540 SF	<input checked="" type="checkbox"/>				
2nd floor		<input checked="" type="checkbox"/>		floor tile and mastic	3680 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Horizon Disposal		200	GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 7-26-12

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:-120-7)

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 07/26/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 87 Prospect			Type of Facility (4) <input type="checkbox"/> School (K12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K12) <input type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Main Campus			Square Feet # of Floors Bldg. Age 20000 4 50+		
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 08/08/12 Month/Day/Year		Sched. Completion Date (11) 09/12/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 7:00 AM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 if <input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure
--	---

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
2nd floor		<input checked="" type="checkbox"/>		fireproofing	3660 SF	<input checked="" type="checkbox"/>			
3rd floor		<input checked="" type="checkbox"/>		fireproofing	5000 SF	<input checked="" type="checkbox"/>			
3rd floor		<input checked="" type="checkbox"/>		mastic only	350 SF	<input checked="" type="checkbox"/>			
3rd floor		<input checked="" type="checkbox"/>		floor tile and mastic	3745 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 200	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager		Signature <i>Mark Goshow</i>	Date 7-26-12

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

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PAGE 2013 OF 2013
4562013 JUL 27 AM 9:10
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/26/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- 87 Prospect			Type of Facility (4)		
			<input type="checkbox"/> School (K12)		
			<input checked="" type="checkbox"/> Subchapter 8 (Other than K12)		
			<input type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Main Campus	City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Square Feet 20000	# of Floors 4
				Bldg. Age 50+	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 515 Grove Street Suite 1B				Street Address 98 LaCrue Avenue	
City, State, Zip Code Haddon Heights NJ				City, State, Zip Code Glen Mills, PA 19342	
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 856-547-0505	Telephone Number 610-364-9622	Licence Number 1103
Scheduled Start Date (10) 08/08/12 Month/Day/Year		Sched. Completion Date (11) 09/12/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one)				Street Address 3370 Progressive Drive	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				City, State, Zip Code Bensalem PA 19020	
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility					
Hours - Describe: 7:00 AM - 7:00 AM					
Other - Describe:					

Scope of work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3 sf or >3 if		Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		Glovebag Procedure
		Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	N	E
1st floor		<input checked="" type="checkbox"/>		outside room 107 in hallway	fire doors 2 (ea)	<input checked="" type="checkbox"/>			
in elevator car		<input checked="" type="checkbox"/>		fl tile	45 F	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 200	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 7/26/12

ABS-41
JUN 95

G4667

Check # 8269

2012 JUL 2

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7-25-12		Name of Building Owner/Operator (2) Anthony Florintino							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Lincoln Ave							
		City, State, Zip Code Woodbury Hgts NJ 08097							
		Name of Contact Ed Tobanczyn	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 9 Lincoln Ave		Square Feet	# of Floors 1						
City (5) Woodbury Hgts NJ		Bldg. Age 60+							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single Family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Tech		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 8-7-12	Scheduled Completion Date (11) 8-7-12	Name of OSHA Monitor EPC Technologies							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Extension			x	Siding Shingles	1300 SF	x			
Name of Registered Waste Hauler EPC Tech.		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management					
City, State NE NJ		Disposal Date		City, State Monroeville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 7-25-12			

State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)

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2012 JUL 27 AM 7:11

ASBESTOS CONTROL
& LICENSING

Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority	
Agencies Notified	Type Notification	Street Address	Telephone Number
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	1 West State St. P.O. Box 991	
<input checked="" type="checkbox"/> DEP	Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #	Trenton N.J. 08625	
<input checked="" type="checkbox"/> DOH	Emergency (including justification)	Name of Contact	
DCA	Cancellation	David Benfer	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 24 22 nd Ave		Square Feet 2400	# of Floors 2
City (5) Paterson N.J.		Bldg. Age 35+	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc
Street Address 65 Jackson Drive		Street Address 322 Beers St	
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095
Start Date (10) 7/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

Renovation
☒ Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						<input checked="" type="checkbox"/>			
SEE ATTACHED						<input checked="" type="checkbox"/>			
						<input checked="" type="checkbox"/>			
						<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler R&B Debris	NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises
City, State 900 Sylon Blvd Hainesport N.J. 08036		Disposal Date 10/3/12	City, State Waynesburg Ohio
Completed by Scott Rubin	Title Project manager	Signature	Date 7/19/12

TYPE OF ACM	LOCATION	AMOUNT
<u>24 22nd Avenue – Residential Building Structure – (Phase I)</u>		
White "transite" siding shingle	Exterior of Residential Building Structure, beneath vinyl siding	7,200 sf (estimated)
Black asphaltic roofing flashing/sealant compound	Front Porch Roof	50 sf (estimated)

ASBESTOS CONTROL
& LICENSING

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ASBESTOS ABATEMENT (Pursuant to NJAC
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Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority		2012 JUL 27 AM 7:11					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation		Street Address 1 West State St. P.O. Box 991 City, State, Zip Code Trenton N.J. 08625 Name of Contact David Benfer Telephone Number					
ASBESTOS CONTROL & LICENSING									
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 22 22 nd Ave				Square Feet 2400					
City (5) Paterson N.J.				# of Floors 2					
County (6) Passaic				Bldg. Age 35+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140		Name of Abatement Contractor (9) Tricon Enterprises Inc					
Street Address 65 Jackson Drive		Street Address 322 Beers St							
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375		License No. 01095					
Start Date (10) 3/12		Scheduled Completion Date (11) 10/3/12		Name of OSHA Monitor n/a					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf Renovation <input checked="" type="checkbox"/> Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607		Cubic Yards of Waste 20		Name of Registered Landfill Minerva Enterprises			
City, State Waynesburg Ohio				Disposal Date 10/3/12		City, State Waynesburg Ohio			
Completed by Scott Rubin		Title Project manager		Signature		Date 7/19/12			

TYPE OF ACM	LOCATION	AMOUNT
<u>22 22nd Avenue – Commercial Building Structure – (Phase I)</u>		
Black asphaltic roofing flashing/sealant compound	Commercial Building Rooftop, associated with parapets, roof perimeters and roof penetrations	250 sf (estimated)

ASBESTOS CONTROL
& LICENSING

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ASBESTOS CONTROL
& LICENSING

Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # _____ Emergency (including justification) Cancellation	Street Address 1 West State St. P.O. Box 991							
		City, State, Zip Code Trenton N.J. 08625							
		Name of Contact David Benfer							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 32 22 nd Ave		Square Feet 2400	Bldg. Age 35+						
City (5) Paterson N.J.		# of Floors 2							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 65 Jackson Drive		Street Address 322 Beers St							
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095						
Start Date (10) 3/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises					
City, State 900 Sylon Blvd Hainesport N.J. 08036			Disposal Date 10/3/12	City, State Waynesburg Ohio					
Completed by Scott Rubin		Title Project manager	Signature			Date 7/19/12			

TYPE OF ACM	LOCATION	APPROX. AMOUNT
32 22nd Avenue – Residential Building Structure – (Phase I)		
Grey cementitious boiler flue/wall junction paste	Basement; at Chimney	3 sf
White veneer and grey undercoat layers of the plaster wall and ceiling system	Throughout Building Structure	Not Quantified (estimated to be 5,000 sf)
Sheetrock wallboard and associated joint compound	Throughout Building Structure	Not Quantified (estimated to be 5,000 sf)
Tan marbled 12"x12" floor tile (self-stick)	Second Floor; Hallway	20 sf
Tan 9"x9" floor tile and associated black asphaltic mastic	Third Floor; Throughout spaces	1,200 sf
Light beige marbled 12"x12" floor tile	Second Floor; Exterior Stairwell	150 sf
Black asphaltic roofing flashing/sealant compound	Front Porch Roof; associated with all perimeters, seams and field	Not Quantified (estimated to be 120 sf)
	Main Roof; Chimney	6 sf

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& LICENSING

Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority							
Agencies Notified	Type Notification	Street Address 1 West State St. P.O. Box 991							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	City, State, Zip Code Trenton N.J. 08625							
		Name of Contact David Benfer	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 34 22 nd Ave		Square Feet 2400	# of Floors 2						
City (5) Paterson N.J.		Bldg. Age 35+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 65 Jackson Drive		Street Address 322 Beers St							
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095						
Start Date (10) 3/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises					
City, State Waynesburg Ohio			Disposal Date 10/3/12	City, State Waynesburg Ohio					
Completed by Scott Rubin		Title Project manager	Signature			Date 7/19/12			

TYPE OF ACM	LOCATION	AMOUNT
<u>34 22nd Avenue – Residential Building Structure – (Phase I)</u>		
Grey corrugated aircell pipe insulation and associated pipe fitting insulation	Basement; Boiler Room	60 lf
	Basement; Kitchen (above sheetrock ceilings)	100 lf (estimated)
	Basement; Living Room (above sheetrock ceilings)	30 lf (estimated)
	Basement; Bedroom (above sheetrock ceiling)	20 lf (estimated)
	Basement; Bathroom (above sheetrock ceiling and behind walls)	20 lf (estimated)
	First, Second and Third Floors; concealed in pipe chase spaces servicing bathrooms, the kitchens and radiators	100 lf (estimated)

ASBESTOS REMOVAL & DISPOSAL
March 1, 2012

500100 - 9
NJSDA CONTRACT NO. PA-0024-N01

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ASBESTOS CONTROL
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Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority							
Agencies Notified	Type Notification	Street Address 1 West State St. P.O. Box 991							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	City, State, Zip Code Trenton N.J. 08625							
		Name of Contact David Benfer	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 440 East 21 st Street		Square Feet 2400	# of Floors 2						
City (5) Paterson N.J.		Bldg. Age 35+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 65 Jackson Drive		Street Address 322 Beers St							
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095						
Start Date (10) 3/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises					
City, State Waynesburg Ohio			Disposal Date 10/3/12	City, State Waynesburg Ohio					
Completed by Scott Rubin		Title Project manager	Signature			Date 7/19/12			

RECEIVED
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& LICENSING

TYPE OF ACM	LOCATION	APPROX. AMOUNT
<u>440 E. 21st Street – (Phase I)</u> <u>Residential Building Structure</u>		
Grey corrugated aircell pipe insulation	Basement; Boiler Room	20 lf
	Basement; Kitchen (above sheetrock ceilings)	60 lf (estimated)
	Basement; Bathroom (above sheetrock ceilings)	10 lf (estimated)
	Basement; Bedrooms (above sheetrock ceilings and soffit)	70 lf (estimated)
	First, Second and Third Floors; concealed in pipe chase spaces servicing bathrooms, the kitchens and radiators	50 lf (estimated)

ASBESTOS REMOVAL & DISPOSAL
March 1, 2012

500100 - 13
NJSDA CONTRACT NO. PA-0024-N01

440 E. 21st Street – (Phase I)
Residential Building Structure

Brown 9"x9" floor tile	First Floor; Back Porch (below carpet)	60 sf
	Second Floor; Back Porch (below carpet)	60 sf
Grey felt paper underlayment below plywood subfloor	Second Floor; Kitchen (below beige marbled 12"x12" floor tile (self-stick) and plywood)	160 sf
Green patterned linoleum flooring	Second Floor; Kitchen Pantry closet	10 sf
Black asphaltic roofing flashing/sealant compound (all applications and thicknesses)	Front Porch Roof; associated with all perimeters	50 sf (estimated)
	Main Roof; Chimney	6 sf (estimated)
<u>Detached Garage</u>		
Black asphaltic roofing flashing/sealant compound (all applications and thicknesses)	Detached Garage Roof; associated with all perimeters	120 sf (estimated)

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ASBESTOS CONTROL
& LICENSING

Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	1 West State St. P.O. Box 991							
<input checked="" type="checkbox"/> DEP	Amended	City, State, Zip Code							
<input checked="" type="checkbox"/> DOL	Amendment #	Trenton N.J. 08625							
<input checked="" type="checkbox"/> DOH	Emergency (including justification)	Name of Contact	Telephone Number						
<input type="checkbox"/> DCA	Cancellation	David Benfer							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4)							
Street Address		School (K-12)							
438 East 21 st Street		Subchapter 8 (Other than K-12)							
City (5)		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Paterson N.J.		Square Feet	# of Floors						
		2400	2						
County (6)		Bldg. Age							
Passaic		35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Passaic		Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address		Street Address							
65 Jackson Drive		322 Beers St							
City, State, Zip Code		City, State, Zip Code							
Cranford N.J. 07106		Keyport N.J. 07735							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Michael Krupa		908-477-6375	01095						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor							
3/12	10/3/12	n/a							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement									
Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code							
Other - Describe:									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		Renovation							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition							
		Full Containment with Negative Pressure							
		Mini-Enclosure							
		Glovebag Procedure							
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste	Name of Registered Landfill					
			20	Minerva Enterprises					
City, State Waynesburg Ohio			Disposal Date 10/3/12	City, State Waynesburg Ohio					
Completed by Scott Rubin		Title Project manager	Signature			Date 7/19/12			

TYPE OF ACM	LOCATION	APPROX. AMOUNT
<u>438 E. 21st Street – Residential Building Structure – (Phase I)</u>		
Grey cementitious boiler flue/wall junction paste	Basement; at chimney	10 sf (estimated)
Black asphaltic roofing flashing/sealant compound	Roof Levels; associated with roof perimeters and penetrations	50 sf (estimated)

ASBESTOS CONTROL
& LICENSING

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State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 4/23/12		Name of Building Owner/Operator (2) New Jersey School Development Authority							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	1 West State St. P.O. Box 991							
		City, State, Zip Code Trenton N.J. 08625							
		Name of Contact David Benfer	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 436 East 21 st Street		Square Feet 2400	# of Floors 2						
City (5) Paterson N.J.		Bldg. Age 35+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 65 Jackson Drive		Street Address 322 Beers St							
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095						
Start Date (10) 5/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Renovation <input checked="" type="checkbox"/> Demolition							
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED									
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises					
City, State 5900 Sylon Blvd Hainesport N.J. 08036		Disposal Date 10/3/12		City, State Waynesburg Ohio					
Completed by Scott Rubin		Title Project manager		Signature			Date 7/19/12		

TYPE OF ACM	LOCATION	APPROX. AMOUNT
<u>436 E. 21st Street – Residential Building Structure – (Phase I)</u>		
Yellow linoleum flooring	1 st Floor; Kitchen, below 12"x12" "self-stick" floor tile	180 sf (estimated)
	1 st Floor; Middle Bedroom, below 12"x12" "self-stick" floor tile	80 sf (estimated)
Yellow linoleum flooring	1 st Floor; Bedroom opposite Bathroom, below 12"x12" "self-stick" floor tile	80 sf (estimated)
	1 st Floor; Bedroom adjacent to Kitchen, below 12"x12" "self-stick" floor tile	80 sf (estimated)
Black asphaltic rolled roofing felt with black particulates	Rear Porch Roof, bottom layer	112 sf (estimated)
	Front Porch Roof	100 sf (estimated)
<u>436 E. 21st Street – Residential Building Structure – (Phase I)</u>		
Grey corrugated aircell pipe insulation	Basement; Boiler Room	20 lf (estimated)
	Basement; above sheetrock ceiling	60 lf (estimated)
	1 st Floor, 2 nd Floor and Attic; concealed in pipe chase spaces servicing bathrooms, the kitchens and radiators	100 lf (estimated)

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Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority							
Agencies Notified	Type Notification	Street Address 1 West State St. P.O. Box 991							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	City, State, Zip Code Trenton N.J. 08625							
		Name of Contact David Benfer	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 432 East 21 st Street		Square Feet 2400	# of Floors 2						
City (5) Paterson N.J.		Bldg. Age 35+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 65 Jackson Drive		Street Address 322 Beers St							
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095						
Start Date (10) 7/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises					
City, State Waynesburg Ohio			Disposal Date 10/3/12	City, State Waynesburg Ohio					
Completed by Scott Rubin		Title Project manager	Signature			Date 7/19/12			

TYPE OF ACM	LOCATION	APPROX. AMOUNT
432 E. 21st Street - (Phase I)		
<u>Residential Building Structure</u>		
Green and white patterned linoleum flooring	First Floor; Rear Porch, middle layer of linoleum flooring	16 sf
Silver-coated black asphaltic roofing felt (all applications and thicknesses)	Front Porch Roof	50 sf
<u>Detached Shed</u>		
Black asphaltic rolled roofing felt	Detached Shed Roof, bottom layer of roofing material	400 sf (estimated)
Black asphaltic roofing flashing/sealant compound (all applications and thicknesses)	Detached Shed Roof; associated with all perimeters	50 sf (estimated)

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Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # _____ Emergency (including justification) Cancellation	Street Address 1 West State St. P.O. Box 991	
		City, State, Zip Code Trenton N.J. 08625	
		Name of Contact David Benfer	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 430 East 21 st Street		Square Feet 2400	# of Floors 2
City (5) Paterson N.J.		Bldg. Age 35+	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc
Street Address 65 Jackson Drive		Street Address 322 Beers St	
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095
Start Date (10) 4/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	Renovation <input checked="" type="checkbox"/> Demolition	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED						X			
						X			
						X			
						X			

Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises	
City, State Waynesburg Ohio		Disposal Date 10/3/12		City, State Waynesburg Ohio	
Completed by Scott Rubin		Title Project manager	Signature		Date 7/19/12

TYPE OF ACM	LOCATION	APPROX. AMOUNT
<u>430 E. 21st Street – Residential Building Structure – (Phase I)</u>		
Brown 9"x9" floor tile over tan 9"x9" floor tile (two layers)	Basement; Boiler Room	65 sf
	Basement; Main Room (below carpet)	400 sf
	Basement; Garage Area (below tan "wood patterned" 12"x12" floor tile (self-stick))	360 sf
Pink 9"x9" floor tile	Stairwell from Basement to First Floor	40 sf

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Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority							
Agencies Notified	Type Notification	Street Address 1 West State St. P.O. Box 991							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	City, State, Zip Code Trenton N.J. 08625							
		Name of Contact David Benfer	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 424-426 East 21 st Street		Square Feet 2400	# of Floors 2						
City (5) Paterson N.J.		Bldg. Age 35+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 65 Jackson Drive		Street Address 322 Beers St							
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095						
Start Date (10) 3/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Renovation <input checked="" type="checkbox"/> Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises					
City, State 5900 Sylon Blvd Hainesport N.J. 08036		Disposal Date 10/3/12		City, State Waynesburg Ohio					
Completed by Scott Rubin		Title Project manager		Signature		Date 7/19/12			

TYPE OF ACM	LOCATION	APPROX. AMOUNT
<u>424-426 E. 21st Street – “Universal Metal Craft” – (Phase I)</u>		
<u>1 Story Building behind Residential Building</u>		
Black asphaltic rolled roofing felt (middle layer)	Rooftop	2,000 sf (estimated)
Black asphaltic layered roofing felt (bottom layer)	Rooftop	2,000 sf (estimated)
Black asphaltic roofing flashing/ sealant compound	Rooftop; associated with all parapets, perimeters and roof penetrations	250 sf (estimated)
<u>Loading Dock Building</u>		
Black asphaltic roofing flashing/ sealant compound (2- Story Roof)	Rooftop; associated with all parapets, perimeters and roof penetrations	200 sf (estimated)
<u>Middle Building</u>		
Tan with brown streaks 12"x12" floor tile and associated black asphaltic mastic	Second Floor; scattered throughout	1,650 sf (estimated)
Light brown “stone patterned” 12"x12” “self-stick” floor tile	Second Floor; scattered throughout	500 sf (estimated)
<u>Shorter 1-Story Pitched Roof Building</u>		
Black asphaltic roofing flashing/ sealant compound	Rooftop; associated with the front parapet wall and roof vent pipe penetrations	50 sf (estimated)

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Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority	
Agency Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	1 West State St. P.O. Box 991	
<input checked="" type="checkbox"/> DEP	Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #	Trenton N.J. 08625	
<input checked="" type="checkbox"/> DOH	Emergency (including justification)	Name of Contact	Telephone Number
DCA	Cancellation	David Benfer	

FACILITY INFORMATION			
name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4)	
Street Address 424-426 East 21 st Street		School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Paterson N.J.	Square Feet 2400	# of Floors 2	Bldg. Age 35+
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc
Street Address 65 Jackson Drive		Street Address 322 Beers St	
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095
Start Date (10) 4/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		Renovation	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			

Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises	
City, State 5900 Sylon Blvd Hainesport N.J. 08036			Disposal Date 10/3/12	City, State Waynesburg Ohio	
Completed by Scott Rubin		Title Project manager	Signature		Date 7/19/12

TYPE OF ACM	LOCATION	AMOUNT
<u>424-426 E. 21st Street – "Universal Metal Craft" – (Phase D)</u>		
<u>Garage Building adjacent to Residential Building</u>		
Black asphaltic roofing felt below black asphaltic rolled roofing felt	Rooftop	520 sf (estimated)

ASBESTOS REMOVAL & DISPOSAL
March 1, 2012

500100 - 10
NJSDA CONTRACT NO. PA-0024-N01

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ASBESTOS CONTROL
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DCA	Cancellation	David Benfer							
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4)							
Street Address		School (K-12)							
128 East 20 th Street		Subchapter 8 (Other than K-12)							
City (5)		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Paterson N.J.		Square Feet	# of Floors						
		2400	2						
County (6)		Bldg. Age							
Passaic		35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Passaic		Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address		Street Address							
65 Jackson Drive		322 Beers St							
City, State, Zip Code		City, State, Zip Code							
Cranford N.J. 07106		Keyport N.J. 07735							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Michael Krupa		908-477-6375	01095						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor							
4/12	10/3/12	n/a							
Occupancy Status During Abatement (Check Only One)		Street Address							
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Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code							
Other - Describe: _____									
Scope of Work (Check All That Apply)									
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<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition							
		Full Containment with Negative Pressure							
		Mini-Enclosure							
		Glovebag Procedure							
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20	Name of Registered Landfill					
R&B Debris		SW2607		Minerva Enterprises					
City, State			Disposal Date	City, State					
5900 Sylon Blvd Hainesport N.J. 08036			10/3/12	Waynesburg Ohio					
Completed by		Title	Signature			Date			
Scott Rubin		Project manager				7/19/12			

TYPE OF ACM	LOCATION	AMOUNT
<u>128 E. 20th Street – Residential Building Structure – (Phase II)</u>		
Pink linoleum flooring	First Floor; Rear Hallway	10 sf
Black asphaltic rolled roofing felt with white particulates	Front Porch Roof (below black asphaltic rolled roofing felt with black particulates)	100 sf
Black asphaltic roofing flashing/sealant compound	Front Porch Roof	30 sf (estimated)
	Main Roof; Chimney	20 sf (estimated)

ASBESTOS CONTROL
& LICENSING

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State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)

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ASBESTOS CONTROL
& LICENSING

Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address 1 West State St. P.O. Box 991							
		City, State, Zip Code Trenton N.J. 08625							
		Name of Contact David Benfer	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 127 East 20 th Street		Square Feet 2400	# of Floors 2						
City (5) Paterson N.J.		Bldg. Age 35+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 65 Jackson Drive		Street Address 322 Beers St							
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095						
Start Date (10) 7/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607		Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises				
City, State 5900 Sylon Blvd Hainesport N.J. 08036				Disposal Date 10/3/12	City, State Waynesburg Ohio				
Completed by Scott Rubin		Title Project manager		Signature		Date 7/19/12			

TYPE OF ACM	LOCATION	AMOUNT
<u>127 E. 20th Street – Residential Building Structure – (Phase I)</u>		
Corrugated aircell pipe insulation and associated pipe fitting insulation	Basement	120 lf (estimated)
	First and Second Floors; concealed in pipe chase spaces servicing bathrooms, the kitchens and radiators	100 lf (estimated)

ASBESTOS CONTROL
& LICENSING

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ASBESTOS CONTROL
& LICENSING

Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority							
Agencies Notified	Type Notification	Street Address 1 West State St. P.O. Box 991							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	City, State, Zip Code Trenton N.J. 08625							
		Name of Contact David Benfer	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 126 East 20 th Street									
City (5) Paterson N.J.		Square Feet 2400	# of Floors 2 Bldg. Age 35+						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 65 Jackson Drive		Street Address 322 Beers St							
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095						
Start Date (10) 7/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607		Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises				
City, State 5900 Sylon Blvd Hainesport N.J. 08036				Disposal Date 10/3/12	City, State Waynesburg Ohio				
Completed by Scott Rubin		Title Project manager		Signature			Date 7/19/12		

TYPE OF ACM	LOCATION	APPROX. AMOUNT
<u>126 E. 20th Street – Residential Building Structure – (Phase II)</u>		
Yellow patterned 12"x12" "self-stick" floor tile	1 st Floor; Middle Bedroom, below grey patterned linoleum flooring	100 sf (estimated)
	1 st Floor; Kitchen, potentially exists below linoleum and plywood floor underlayment	150 sf (estimated)
Black asphaltic rolled roofing felt with black particulates	Front Porch Roof, middle layer of roofing system	120 sf (estimated)
Black asphaltic rolled roofing felt with grey particulates	Front Porch Roof, bottom layer of roofing system	120 sf (estimated)

ASBESTOS CONTROL
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Date of Notification (1) 4/23/12		Name of Building Owner/Operator (2) New Jersey School Development Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation							
Street Address 1 West State St. P.O. Box 991		City, State, Zip Code Trenton N.J. 08625							
Name of Contact David Benfer		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1059 Madison Ave		Square Feet 2400	# of Floors 2						
City (5) Paterson N.J.		Bldg. Age 35+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 65 Jackson Drive		Street Address 322 Beers St							
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	Telephone No. 732-739-1200						
License No. 01095									
Start Date (10) 3/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises					
City, State 5900 Sylon Blvd Hainesport N.J. 08036			Disposal Date 10/3/12	City, State Waynesburg Ohio					
Completed by Scott Rubin		Title Project manager	Signature			Date 7/19/12			

TYPE OF ACM	LOCATION	AMOUNT
<u>1059 Madison Avenue – Residential Building Structure – (Phase IA)</u>		
Wood-grain 9"x9" floor tile (self-stick)	Third Floor; Middle Bedroom (below carpet)	100 sf
	Third Floor; Rear Bedrooms (below carpet)	200 sf
Tan patterned 12"x12" floor tile (self-stick)	Third Floor; Pantry	25 sf
Black asphaltic layered roofing felt (all applications and thicknesses)	Main Roof (present below silver- coated black asphaltic rolled roofing felt)	2,400 sf
Black asphaltic roofing flashing/sealant compound	Main Roof; associated with all perimeters, penetrations and parapets	Not Quantified (estimated to be 500 sf)

ASBESTOS REMOVAL & DISPOSAL
March 1, 2012

500100 - 14
NJSDA CONTRACT NO. PA-0024-N01

ASBESTOS CONTROL
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& LICENSING

Date of Notification (1) 4/23/12		Name of Building Owner/Operator (2) New Jersey School Development Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # _____ Emergency (including justification) Cancellation	Street Address 1 West State St. P.O. Box 991							
		City, State, Zip Code Trenton N.J. 08625							
		Name of Contact David Benfer							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 36 22 nd Ave		Square Feet 2400	# of Floors 2						
City (5) Paterson N.J.		Bldg. Age 35+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 65 Jackson Drive		Street Address 322 Beers St							
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	Telephone No. 732-739-1200						
		License No. 01095							
Start Date (10) 3/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises					
City, State 5900 Sylon Blvd Hainesport N.J. 08036			Disposal Date 10/3/12	City, State Waynesburg Ohio					
Completed by Scott Rubin		Title Project manager	Signature			Date 7/19/12			

TYPE OF ACM	LOCATION	APPROX. AMOUNT
<u>36 22nd Avenue – Residential Building Structure – (Phase I)</u>		
Presumed asbestos-containing roofing, siding, pipe insulation, floor tile, linoleum, mastic, plaster, window caulking, etc.	Associated with Residential Structure	Reasonable Worst Case" assumes: 150 lf pipe 1,000 sf flooring 5,000 sf plaster 1,500 sf roofing 3,000 sf siding 47 window assemblies

ASBESTOS CONTROL
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ASBESTOS CONTROL
& LICENSING

Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	1 West State St. P.O. Box 991							
		City, State, Zip Code Trenton N.J. 08625							
		Name of Contact David Benfer	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 16 22 nd Ave		Square Feet 2400	# of Floors 2						
City (5) Paterson N.J.		Bldg. Age 35+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc						
Street Address 65 Jackson Drive		Street Address 322 Beers St							
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095						
Start Date (10) 3/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			
Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607		Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises				
City, State 5900 Sylon Blvd Hainesport N.J. 08036				Disposal Date 10/3/12	City, State Waynesburg Ohio				
Completed by Scott Rubin		Title Project manager		Signature			Date 7/19/12		

TYPE OF ACM	LOCATION	APPROX. AMOUNT
<u>16 22nd Avenue – Residential Building Structure – (Phase III)</u>		
Presumed asbestos-containing roofing, siding, pipe insulation, floor tile, linoleum, mastic, plaster, window caulking, etc.	Associated with Residential Structure	Reasonable Worst Case" assumes: 200 lf pipe 600 sf flooring 8,000 sf plaster 2,000 sf roofing 5,000 sf siding 70 window assemblies

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ASBESTOS CONTROL
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2012 JUL 27 AM 7:11

ASBESTOS CONTROL
& LICENSING

Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority	
Agencies Notified	Type Notification	Street Address	Telephone Number
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	1 West State St. P.O. Box 991 City, State, Zip Code Trenton N.J. 08625 Name of Contact David Benfer	

FACILITY INFORMATION

name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 428 East 21 st Street		Square Feet 2400	# of Floors 2
City (5) Paterson N.J.		Bldg. Age 35+	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc
Street Address 65 Jackson Drive		Street Address 322 Beers St	
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095
Start Date (10) 7/12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	Renovation	Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	Mini-Enclosure	
		Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			

Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises	
City, State 100 Sylon Blvd Hainesport N.J. 08036			Disposal Date 10/3/12	City, State Waynesburg Ohio	
Completed by Scott Rubin		Title Project manager	Signature		Date 7/19/12

TYPE OF ACM	LOCATION	AMOUNT
<u>428 E. 21st Street – Residential Building Structure – (Phase I)</u>		
Joint compound associated with white veneer layer of the plaster wall and ceiling system	Throughout Residential Building Structure	Material Not Quantified (estimated to be 10,000 sf)

ASBESTOS REMOVAL & DISPOSAL
March 1, 2012

500100 - 11
NJSDA CONTRACT NO. PA-0024-N01

ASBESTOS CONTROL
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2012 JUL 27 AM 7:11

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**State of New Jersey NOTIFICATION OF
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8:60 and 12:120)**

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2012 JUL 27 AM 7:10

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (4/23/12)		Name of Building Owner/Operator (2) New Jersey School Development Authority	
Agencies Notified	Type Notification	Street Address 1 West State St. P.O. Box 991	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation	City, State, Zip Code Trenton N.J. 08625	
		Name of Contact David Benfer	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Demolition for PS # 16		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 10 22 nd Ave		Square Feet 2400	# of Floors 2
City (5) Paterson N.J.		Bldg. Age 35+	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00140	Name of Abatement Contractor (9) Tricon Enterprises Inc
Street Address 65 Jackson Drive		Street Address 322 Beers St	
City, State, Zip Code Cranford N.J. 07106		City, State, Zip Code Keyport N.J. 07735	
Project Manager for Monitoring Firm Michael Krupa		Telephone No. 908-477-6375	License No. 01095
Start Date (10) 12	Scheduled Completion Date (11) 10/3/12	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						X			
SEE ATTACHED						X			
						X			
						X			

Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. SW2607	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises	
State 08000 Sylon Blvd Hainesport N.J. 08036		Disposal Date 10/3/12	City, State Waynesburg Ohio		
Completed by Scott Rubin	Title Project manager	Signature		Date 7/19/12	

TYPE OF ACM	LOCATION	APPROX. AMOUNT
<u>10 22nd Avenue – Residential Building Structure – (Phase II)</u>		
Silver-coated black asphaltic roofing flashing/sealant compound	Residential Building Rooftop, associated with the chimney and roof vent pipes	50 sf (estimated)

ASBESTOS CONTROL
& LICENSING

2012 JUL 27 AM 7:11

RECEIVED

No check

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED
2012 JUL 27 AM 9:13
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 7/26/12		Name of Building Owner/Operator (2) BASF Corporation	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 100 Campus Drive	
		City, State, Zip Code Florham Park, NJ 07932	
		Name of Contact Frank Piechoeta	Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BASF - Filter House Bldg - 1A			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1 James Street			Sq. Feet 2500 # of Floors 1	
City (5) Belvidere	County (6) Warren	County Code (7) (State Use Only)	Bldg. Age 50 +/- Current Use (prior if being demolished) vacant manufacturing	

Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc.	ASCM No. 00104	Name of Contractor (9) NCM Demolition and Remediation, LP
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Street Address 655 West Shore Trail	Street Address 404 N. Berry Street
City, State, Zip Code Sparta, NJ 07871	City, State, Zip Code Brea, CA 92821

Project Manager for Monitoring Firm William S. Kerbel, CIH	Telephone Number 973-79-5649	Telephone Number 484-480-8931	License Number 01066
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Scheduled Start Date (10) 6/25/2012	Scheduled Completion Date (11) 10/05/2012	Name of OSHA Monitor Testor Tech
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Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -	Street Address 10 59 Jackson Ave.
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Describe Vacant Bldg. To Be Demolished 2,500 sf building to be demolished in its entirety	City, State, Zip Code L.I.C. New York, 11101
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Other - Describe	
Source of Work (Check all that apply)	

(X) Demolition () Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) () Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
() Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure (X) Non-Friable Outdoor Work

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
Throughout	X	Thermal Pipe Insulation	250 LF	X			
Roof	X	Flashing	600 SF	X			

Name of Reg. Waste Hauler Service Transport Group	NJDEP Waste Hauler ID # A901 #20990 / SW2117	Cubic Yards of Waste 20	Name of Reg. Landfill Minerva Enterprises
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City, State 58 Pyles Lane - New Castle, DE	Disp. Date 4/20/12	City, State Waynesburg, OH
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Completed by (Print or Type) Joseph K. White	Title Project Coordinator	Signature <i>Joseph K. White</i>	Date 7/26/12
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Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used:

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:

Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations.

XII. Waste Transporter#1 Waste Management

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

Waste Transporter#2 Service Transport Group, Inc.

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY) 5-16-12

(HH:MM) 9:00 am

Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm.

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder

Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Joseph K White (Signature of Owner/Operator)

(Date) 7/26/12

XVIII. I Certify that the Above Information is Correct

Joseph K White (Signature of Owner/Operator)

(Date) 7/26/12

RECEIVED

No check

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 7/26/12			Name of Building Owner/Operator (2) BASF Corporation		
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Certification () Cancelled		Street Address 100 Campus Drive City, State, Zip Code Florham Park, NJ 07932 Name of Contact Frank Piechoeta Tel. Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BASF - Pump House and Garage Bldg - 1B			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 1 James Street			Sq. Feet 3450 # of Floors 1		
City (5) Belvidere	County (6) Warren	County Code (7) (State Use Only)	Bldg. Age 50 +/- Current Use (prior if being demolished) vacant manufacturing		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc.		ASCM No. 00104	Name of Contractor (9) NCM Demolition and Remediation, LP		
Street Address 655 West Shore Trail			Street Address 404 N. Berry Street		
City, State, Zip Code Sparta, NJ 07871			City, State, Zip Code Brea, CA 92821		
Project Manager for Monitoring Firm William S. Kerbel, CIH		Telephone Number 973-79-5649	Telephone Number 484-480-8931	License Number 01066	
Scheduled Start Date (10) 6/25/2012		Scheduled Completion Date (11) 10/05/2012		Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			Street Address 10 59 Jackson Ave.		
Describe Vacant Bldg. To Be Demolished 3,450 sf building to be demolished in its entirety			City, State, Zip Code L.I.C. New York, 11101		
Other - Describe					
Source of Work (Check all that apply)					
(X) Demolition () Renovation					
(X) Large Proj. (>160 SF or >260 LF ACM) () Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)					
(X) Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure (X) Non-Friable Outdoor Work					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose	
Pump House Walls	X	Wall Plaster	3,000 SF	X	
Pump House & Garage	X	Thermal Pipe Insulation	600 LF	X	
Pump House Windows	X	Window Caulk	250 LF	X	
Name of Reg. Waste Hauler Service Transport Group		NJDEP Waste Hauler ID # A901 #20990 / SW2117	Cubic Yards of Waste 20	Name of Reg. Landfill Minerva Enterprises	
City, State 58 Pyles Lane - New Castle, DE		Disp. Date 6/29/12	City, State Waynesburg, OH		
Completed by (Print or Type) Joseph K. White	Title Project Coordinator	Signature <i>Joseph K. White</i>	Date 7/26/12		

Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used:

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:

Wet materials during operations. Use glovebagging for pipe & fitting insulations. Full negative air containments for plaster walls. Non-friable removals using wet methods, intact removals and drop poly for caulking.

XII. Waste Transporter#1 Waste Management

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

Waste Transporter#2 Service Transport Group, Inc.

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY) 5-16-12

(HH:MM) 9:00 am

Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm.

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder

Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Joseph R. White
(Signature of Supervisor)

(Date) 7/26/12

XVIII. I Certify that the Above Information is Correct

Joseph R. White
(Signature of Owner/Operator)

(Date) 7/26/12

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) July 23, 2012		Name of Building Owner/Operator (2) Poly C LLC & Serf Realty LLC C/O Colin Development							
Agencies Notified	Type Notification	Street Address 1520 Northern Blvd.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manhasset, New York 11030							
		Name of Contact Ed Glacken	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Bank		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 154 East Broad Street		Square Feet 12316	# of Floors 2						
City (5) Westfield		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) AirTek Environmental Corporation		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONTRUCTION INC.						
Street Address 39-37 29th Street		Street Address 164 GETTY AVE.							
City, State, Zip Code Long Island City, New York		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm Mr. Saad Zouak		Telephone No. 973-478-4848	License No. 00724						
Start Date (10) July 7th, 2012	Scheduled Completion Date (11) August 3rd, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION INC.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am-3:30pm Monday - Friday		Street Address 164 GETTY AVE.							
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Back Office			x	Pipe Insulation	160LF	x			
Mezzanine			x	Pipe Insulation	60LF	x			
Basement			x	Pipe Insulation	75LF	x			
			x			x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by Vivian D. Jurcevic		Title Gen. Mgr.	Signature <i>Vivian D. Jurcevic</i>	Date July 23, 2012					

NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)
ANNUAL NOTIFICATION

ch 5997

Date of Notification (1) 07 / 06 / 12		Name of Building Owner / Operator (2) Poly C LLC and Serf Realty LLC c/o Colin Development	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 1520 Northern Blvd		City, State, Zip Code Manhasset, NY 11030	
Name of Contact Ed Glacken		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Bank			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 154 East Broad Street			Square Feet 12,316 # Of Floors 2 Building Age over 50 years		
City (5) Westfield	County (6) Union	County Code (7)	Current Use (Prior if being demolished) Vacant - Retail Space		
Name of Monitoring Firm Hired by Bldg. Owner (8) Airtek Environmental Corporation			Name of Abatement Contractor (9) Slavco Construction Inc.		
Street Address 39-37 29th Street			Street Address 164 Getty Avenue		
City, State, Zip Code Long Island City, NY 11101			City, State, Zip Code Clifton, NJ 07011		
Project Mng'r. For Monitoring Firm Mr Saad Zouak			Telephone Number 718-937-3720		
Scheduled Start Date (10) 07 / 09 / 12		Sched. Completion Date (11) 08 / 03 / 12		Telephone Number 973-478-4848	
				License Number 00724	
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed / Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00 am to 3:30pm			Name of OSHA Monitor Slavco Construction Inc. Street Address 164 Getty Avenue City, State, Zip Code Clifton, NJ 07011		

Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3sf or ≥3lf		<input checked="" type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				REMOVAL	REPAIR	ENCAPSULATION	ENCLOSURE
Basement	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Pipe Insulation	470 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Insulation	480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Pipe Insulation	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste S18508	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Clifton, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by (Print or Type) Vivian Jurcevic		Title Administrative Assistant		Signature <i>Vivian Jurcevic</i>	
				Date July 6, 2012	